

The Importance of Gender Informed Care in the Treatment of Eating Disorders

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Objectives

1 Identify two specific ways to provide a gender informed space in your practice

2 Identify the difference between body image disturbance and gender dysphoria

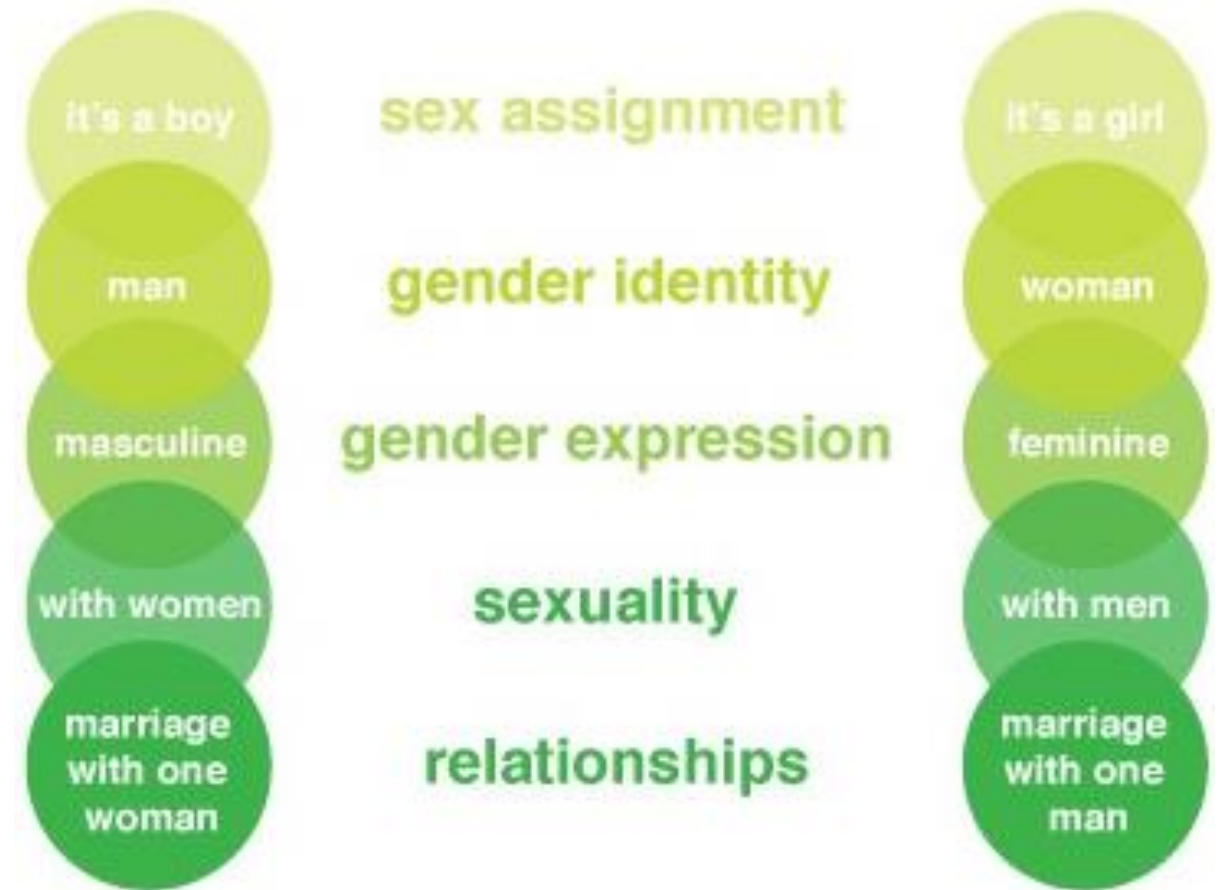
3 Identify inclusive terms to describe gender identity

Important Terms

- Gender Identity
- Sex (Biological Sex)
- Orientation
- Gender Expression
- Cisgender
- Bigender
- Gender Non-Conforming
 - Gender Fluid
 - Genderless
 - Gender Expansive
 - Gender Queer
 - Gender Variant
- Non-binary
- Transgender
- Transition
- Transwoman
- Transman
- Transmasculine
- Transfeminine
- Gender Dysphoria
- Heteronormativity

HETERONORMATIVITY

BREAKING IT DOWN

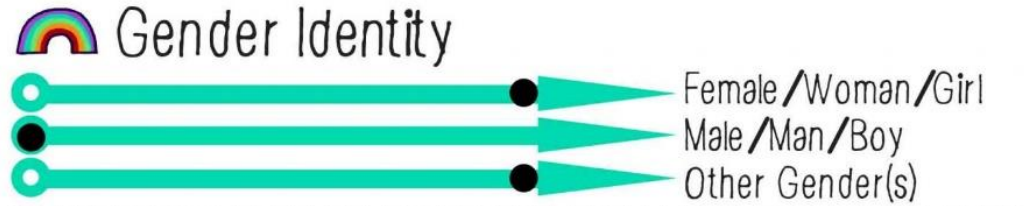
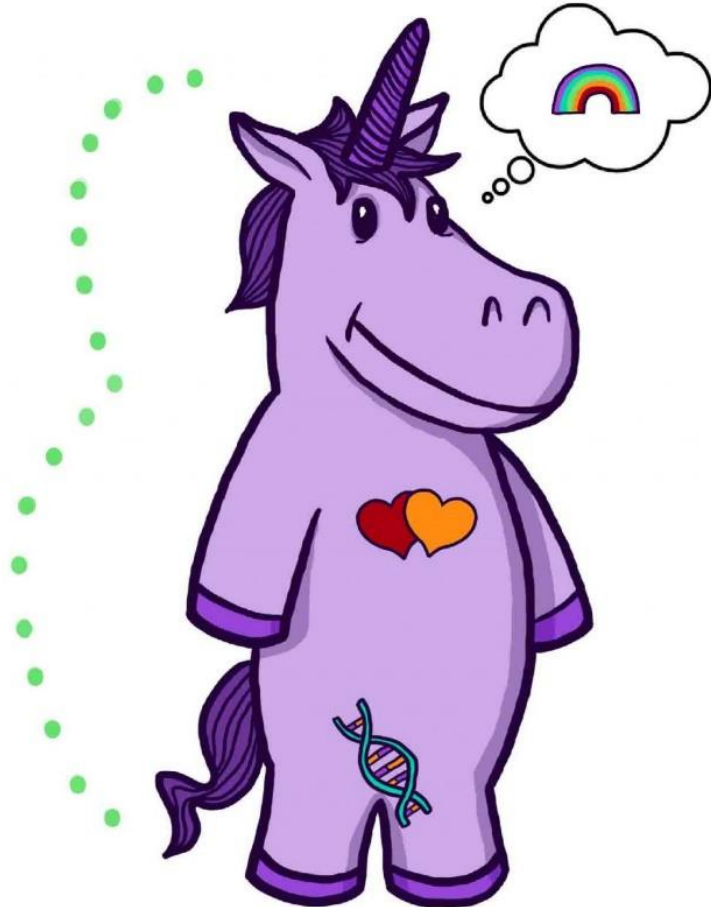


Important of Pronouns

- Gender identity is internal
 - We do not necessarily know a person's gender pronouns by looking at them
- Using a person's chosen name and desired pronouns is a form of mutual respect and basic courtesy
- A culture that readily asks or provides pronouns is committed to reducing the risk of disrespect and embarrassment

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Understanding Day to Day Life

- **At work:** Roughly half of people who identify as LGBTQ+ are not out in their workplaces. About 50% of LGBTQ+ Americans say that they have experienced discrimination in their personal lives, in places like the workplace, housing, and education
- **At school:** Among LGBTQ+ youth in school, nearly 60% say that they feel unsafe in their schools simply because of their sexual orientation, while almost 45% say they feel unsafe because of their gender expression


Microaggression

- According to Dr. Gerald Wing Sue and colleagues, microaggressions are brief, verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicates hostile, derogatory, or negative slights and insults
 - The use of heterosexist or transphobic terminology
 - Endorsing a heteronormative culture and behaviors
 - The assumption of a universal LGBTQ+ experience
 - The discomfort or disapproval of the LGBTQ+ experience
 - The assumption of sexual pathology or abnormality
 - The denial of bodily privacy

Phobias



- Homophobia
 - A form of felt and/or experienced discrimination and bias against LGBTQ+ individuals and communities
- Internalized homophobia
 - Bias against self based on being associated with or identifying as LGBTQ+
 - A result of life experiences, including communicated cultural norms
- Transphobia
 - A form of felt and/or expressed discrimination and bias against trans individuals and people, often resulting in biased policy, discrimination and violence
- Internalized Transphobia
 - Bias against self based on associated with or identifying as transgender
 - A result of life experiences, including communicated cultural norms

The background features a solid light orange color with several larger, semi-transparent orange shapes overlaid. These shapes include a circle in the upper right, a leaf-like shape on the left, and a larger leaf-like shape on the right.

Treatment Considerations

Risk Factors for ED Development in Gender Minorities

- Fear of and/or experiences of adverse consequences
- Internalized negative messages/beliefs about oneself
- Experiences of violence and/or bullying
- Discrimination
- Incongruence between sex assigned at birth and gender identity
- Homelessness or unsafe home environment
- Insufficient research on intersectional identities
- Minority Stress Model
 - Theory suggests that sexual minorities, underrepresented gender identities as well as queer and other sexual identifies (LGBTQ+) commonly experience distinct and chronic stressors related to their sexual orientation and/or gender identity

Gender
Dysphoria
(identity)

Body Image
Distortions
(self-worth and control)

Eating
Disorders

Risk Factors
(from NEDA)

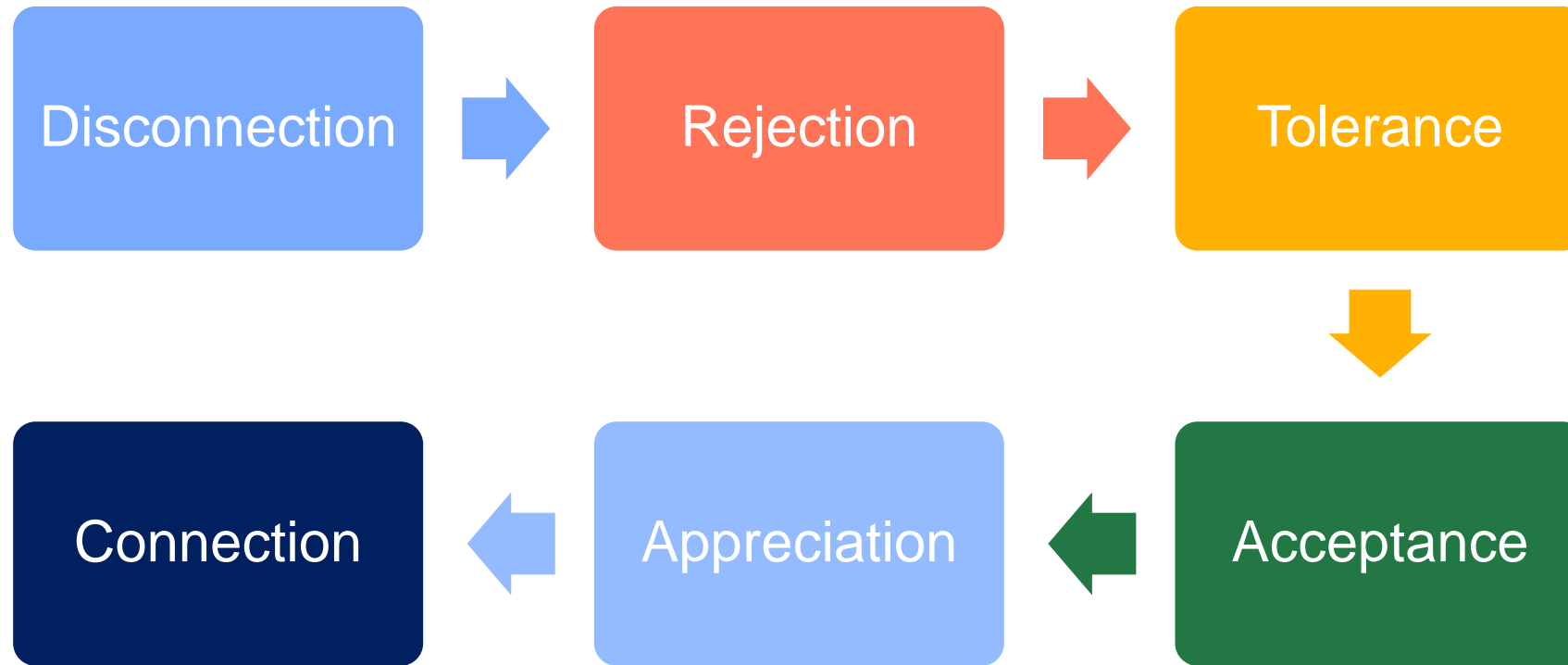
Historical Trauma
Teasing/Bullying

Body Image Dissatisfaction
Limited Social Networks
Internalization

History of an Anxiety Disorder
Perfectionism Appearance Ideal

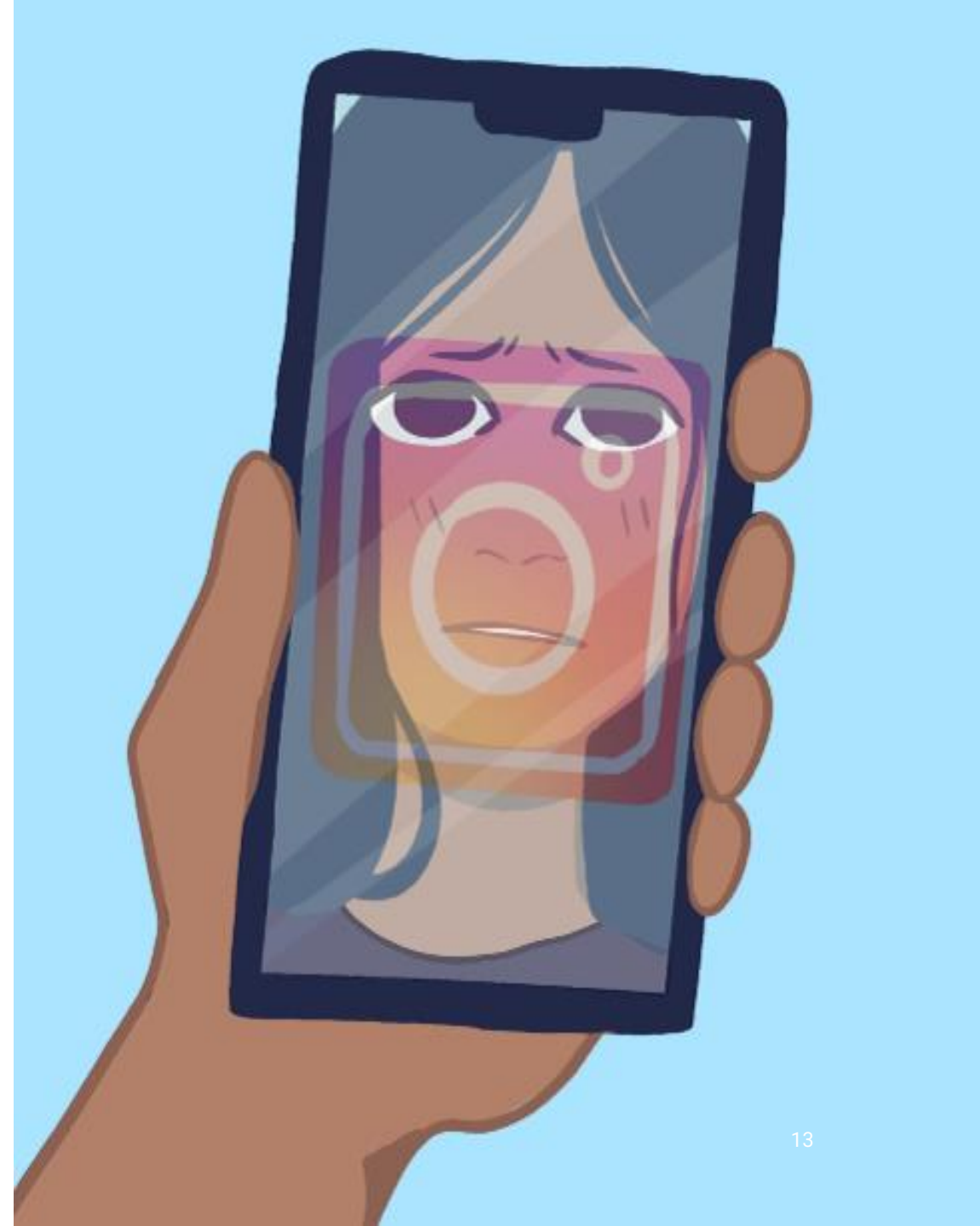
Development of Body Image

- Body image develops throughout the life span through a continuum



The Thin Ideal

- Thin-ideal internalization refers to the extent to which an individual cognitively “buys into” socially defined ideals of attractiveness and engages in behaviors designed to produce an approximation of these ideals (Thomson et al., 1999)



Development of Body Image

- Tripartite Influence Model of Body Image (Dalzell and Protos 2020)
 - Three formative influences on body image development: parents, peers, media (sociocultural)
 - Body image and ED issues are from the internalization of the thin ideal and appearance comparisons
 - Body dissatisfaction vs. body image distortion
- Cash's Cognitive Behavioral Model
 - Cash characterized body image as: a multifaceted psychological experience of embodiment, especially but not exclusively physical appearance
 - Encompassing body-related self-perceptions and self-attitudes, including thoughts, beliefs, feelings, and behaviors
 - All cultures have ideas on physical standards, and these go through the media

Thin-Ideal Internalization

- Becker et al. surveyed 63 Fijian high school aged girls 1 month after American television began to be beamed in via satellite
 - Fijian culture had low rates of EDs and low rates of body dissatisfaction prior to the introduction of this TV. Cultural female body ideal was larger and rounder
- They measured a similar group of girls 3 years later and found
 - **15%** of the girls reported using self-induced vomiting to control their weight (up from 3% in 1995)
 - **29%** had high scores for eating disorder risk (up from 13% in 1995)
 - Preferred female body shape was now **thinner**

Background Body Image and ED in Gender Expansive Individuals

Calzo, Blashill, Brown, Argenal, (2017) indicated through review of literature an elevated risk for disordered eating pathology in sexual minorities (non hetero) who are transgender

Jones, Haycraft, Murjan, Arcelus (2015) provided a systematic review of how body dissatisfaction and disordered eating are related in trans people

Mensingher, Granche, Henretty (2020) report Eating disorders occur at higher rates among sexual/gender minorities

MentalHealth.org/UK reports increased anxiety around body image and shame about body image in LGB populations

Nagataa, Gansonb, Austinc (2020) report that research demonstrates that sexual and gender minorities with eating disorders have unique concerns with regards to disordered eating and body image

Uniacke, Glasofer, Delvin, Bockting, Attia, E. (2021) reported gender identity development and internalized transphobia are associated with eating-related psychopathology in transgender and gender nonbinary individuals

Barriers to Finding Treatment

- Lack of culturally competent treatment
- Lack of crossover competency
- Obstacles with health insurance
- Perceptions of health care providers
- High levels of isolation
- Fear around coming out
- Unwillingness or unavailability of loved ones
- Systemic oppressions- forms, bathrooms, etc.

Purpose of LGBTQ+ Specific Treatment

- Interruption of the eating disorder behaviors
- Stabilization of eating disorder symptoms
- Decrease isolation
- Sense of community- the experience of being seen and/or understood
- Connection of the LGBTQ+ specific resources
- Identification of core values to support recovery vs. values that reinforce eating disorder behaviors
- Ability to explore intersectional identities
- Acceptance in a safe environment

WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylviaduckworth



How to be an Ally

Allies:

- Want to learn:
 - They are people who recognize they do not have all that can be known on LGBTQ+ issues or about all the experiences of people who are LGBTQ+, but they want to understand more
- Address their barriers:
 - They may have to grapple with some roadblocks to being openly and actively supportive of people who are LGBTQ+, and they are willing to take on that challenge
- Are people who know that support comes in many forms:
 - It can mean something more public (think covering yourself in rainbow glitter and heading to a pride celebration with a sign reading “PROUD ALLY”) but it can also mean expressing support in more personal ways through the language we use, conversations we choose to have (or ones we shut down), and signals that we send. True allies know that all aspects of allyship are important, effective, and should be valued equally
- Are diverse:
 - Allies are people who know that there is no one way to be an ally, and that everyone gets to adopt the term in a different way...and that’s okay!

A stylized graphic of a human figure composed of three overlapping blue shapes: a circle for the head, and two teardrop-shaped petals for the torso and arms, all set against a light blue background.

Providing a Safe Space

How to Build a Safe Space



- Listen first
- Visual
 - Hang a safe space symbol
- Avoid Gendered Language when addressing a group
 - Instead of “Hey Guys” or “Hello Ladies” try “Hi folks/friends/team”
- If you do misgender an individual
 - Misgendering is a, often unintentional, microaggression that communicates to the person they may not be in a welcoming, inclusive or safe enough environment
 - Correct yourself in front of the person and use the correct pronoun
 - It is important to create space for the person you offended to share additional feelings if they express a desire to do so
 - Do no belabor the apology- this then makes it about you
- Do not ask about someone’s surgical status
- Set an inclusive tone
- Continue to attend trainings and education yourself
- Support gender inclusive legislation





Prevalence

Monte Nido Research and Outcomes Program



IRB approved research study, launched in 2018



Results published in peer-reviewed scientific journals, shared at conferences

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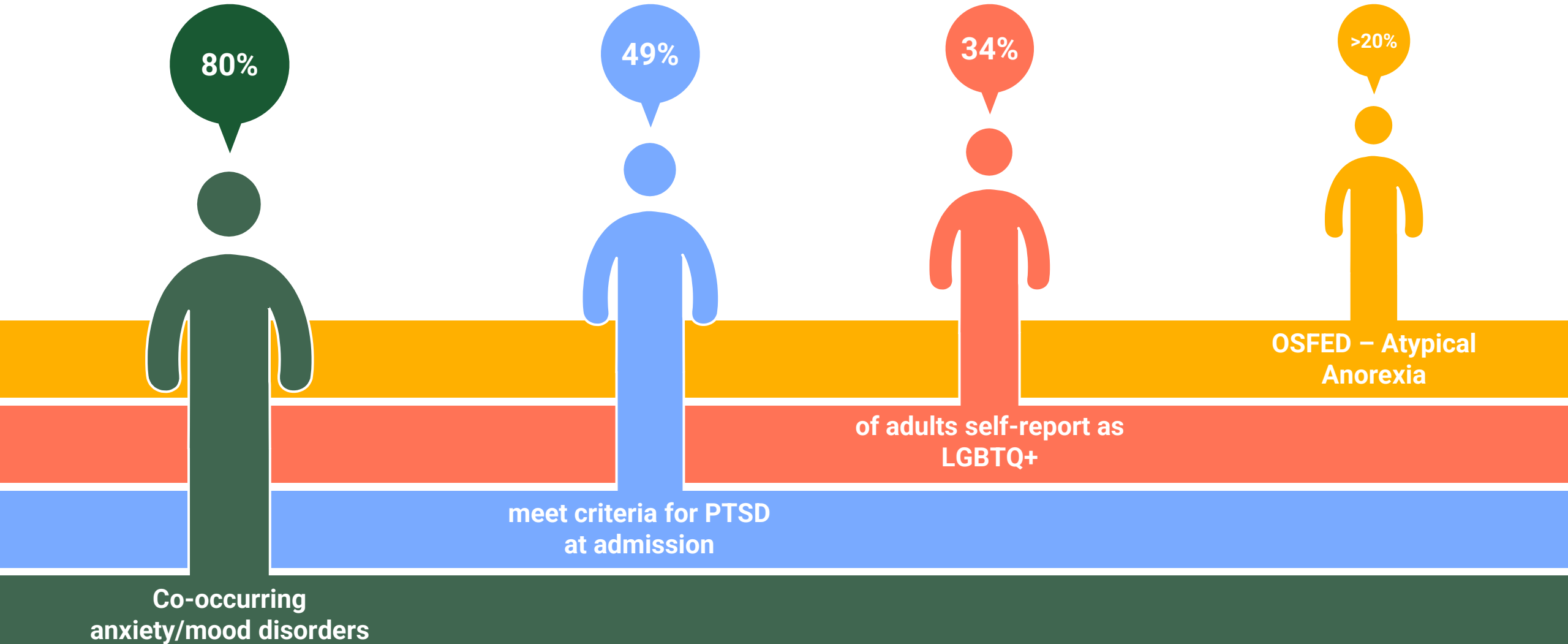
2,900+ enrolled, measuring symptoms during and after treatment



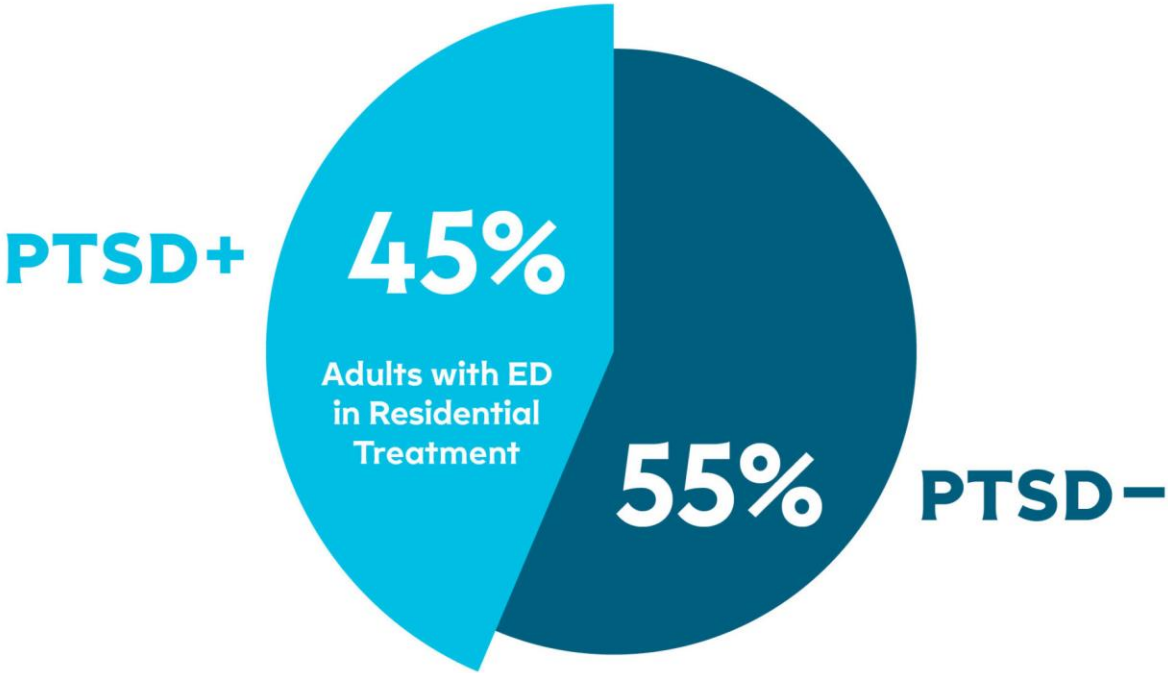
7 gold standards assessments used to inform treatment and evaluate outcomes

- Eating Disorder Examination Questionnaire (EDE-Q)
- Eating Disorder Inventory- 2 (EDI-2)
- Eating Disorder Quality of Life Patient Health Questionnaire (EDQOL)
- Anxiety State/Trait or SCARED for adolescents
- Life Events Checklist (PTSD) or Childhood Trauma Questionnaire
- PTSD Checklist for DSM-5 (PCL-5)

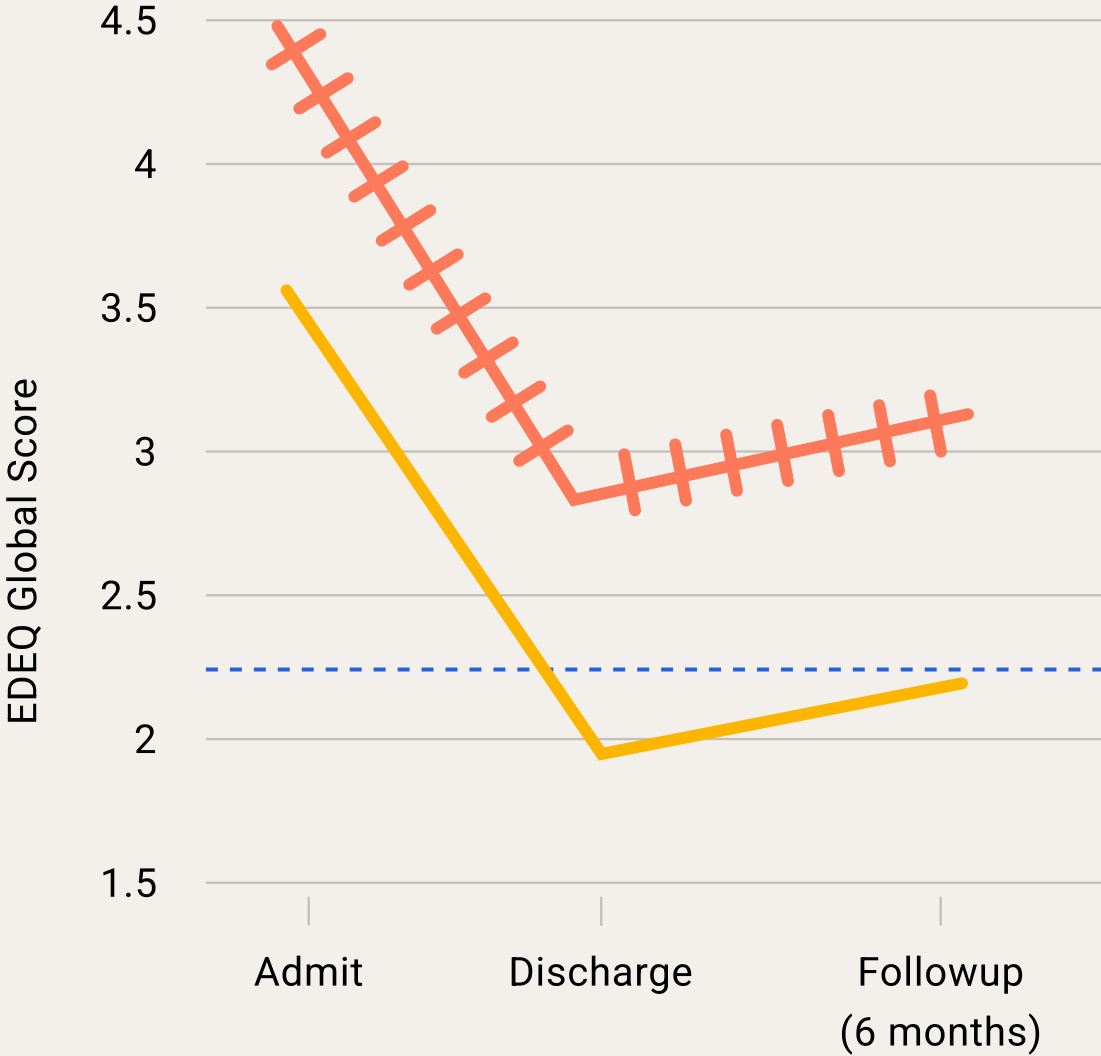
Who are Monte Nido clients?



PTSD Comorbidity Rates in Higher Levels of ED Care



45% met criteria for current PTSD (PTSD+) at the time of Admission, with an N=2998.



PTSD+

PTSD-

Healthy Norm

Monte Nido clients get well & stay well long-term

Symptom improvements made during treatment were maintained 6-months after discharge.



3,000+

patients enrolled to participate in the study.



86%

of clients consent to participate.



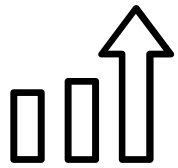
98%

of adolescents & 74% of adults weight restore before discharge.



88%

response rate at admissions; 72% at discharge.



90%

of adults show significant improvements in EDs at discharge; 81% at 6-months.



88%

of adults had reduced depression scores at discharge; 73% at 6-months.



75%

of patients had reduced anxiety scores at discharge; 71% at 6-months.



81%

of those with PTSD at admission had reduced scores at discharge; 73% at 6-months.

Sexual and Gender Minorities in ED Treatment Have Higher Rates of PTSD

- Sample: adult with EDs admitted to residential treatment (N=570)
- 24% self-identified as LGBTQ+
- LGBTQ+ group had significantly higher scores on the PCL-5 and significantly higher prevalence (63%) of presumptive current PTSD when compared to cisgender heterosexual individuals (45%)

Brewerton TD, Suro G, Gavidia I, Perlman MM: Sexual and Gender Minority Individuals Report Higher Rates of Lifetime Traumas and Current PTSD Than Cisgender Heterosexual Individuals Admitted to Residential Eating Disorder Treatment. *Eating and Weight Disorders* 2022; 27(2): 813-820 (published online May 31, 2021). Doi: 10.1007/s40519-021-01222-4.

Prevalence with Youth Ages 13-24

- In a study conducted by the Trevor Project and NEDA of over 1,000 LGBTQ+ youth found:
 - 54% reported an eating disorder diagnosis
 - An additional 21% suspected that they had an eating disorder
 - 71% of transgender individuals who identified as straight reported having an eating disorder, with AN being the highest reported
 - 58% of respondents diagnosed with an Eating Disorder have also considered suicide

The background is a solid light orange color. It features three large, semi-transparent orange shapes: a circle in the upper right quadrant, and two leaf-like shapes, one on the left and one on the right, overlapping the circle and each other.


Case Example

Conclusions

- 1 It is critical we continue educating ourselves to be able to provide gender affirming care to all populations struggling with eating disorders
- 2 Utilizing gender inclusive terms and preferred pronouns demonstrates respect and begins to build a safe space
- 3 We need to continue to grow with intention in how we operate in order to provide care to all persons to obtain a recovered life

Resources

- <https://psychologybenefits.org/2014/02/07/anti-lgbt-microaggressions/>
- <https://www.thehrcfoundation.org/professional-resources/talking-about-pronouns-in-the-workplace>
- <https://www.itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/#sthash.FQ03pJdl.dpuf>
- <https://www.genderspectrum.org/>
- <https://glaad.org/reference/transgender>
- <https://www.teenvogue.com/story/mental-health-resources-for-disabled-people-poc-lgbtq>
- <https://pflag.org/>
- <https://www.glsen.org/>
- <https://thesafezoneproject.com/>

A hiker with a backpack stands on the peak of a rocky mountain, arms raised in triumph. The hiker is wearing a red shirt and dark shorts. The background features a vast mountain range under a blue sky with large, white, fluffy clouds. Below the mountain, a valley with green fields and a small town is visible.

We must recognize that affirming care and social supports are more likely to lead to positive outcomes and our clients living lives free of their eating disorder.

Additional References

- Brewerton TD, Perlman MM, Gavidia I, Suro G, Genet JJ, Bunnell D: The Association of Traumatic Events and PTSD Severity of Eating Disorders and Comorbid Symptoms in Residential Treatment Centers. International Journal of Eating Disorders 2020; 53:2061-2066 (published online November 7, 2020). Doi: 10.1002/eat.23401.
- Brewerton TD, Suro G, Gavidia I, Perlman MM: Sexual and Gender Minority Individuals Report Higher Rates of Lifetime Traumas and Current PTSD Than Cisgender Heterosexual Individuals Admitted to Residential Eating Disorder Treatment. Eating and Weight Disorders 2022; 27(2): 813-820 (published online May 31, 2021). Doi: 10.1007/s40519-021-01222-4.
- Dalzwll, H., Protos, K. (2020). A Clinician's guide to gender identity and body image. Jessica Kingsley Publishers. Philadelphia, PA.



Thank you!

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